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| POSITION | INITIALS | ID NO. | DATE |
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | TMM | 66294 | 06/04/93 |
| FORMALITY REVIEW | VI | | 7-15-99 |

INDEX OF CLAIMS

Rejected N
 Allowed I
 (Through numeral) Canceled A
 Restricted O
 Non-elected
 Interference
 Appeal
 Objected

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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